To be completed by the Candidate and the Department Chair/Director

Are you being considered for:

\_\_\_\_ Award of Tenure; \_\_\_Promotion to Associate Professor; \_\_\_\_ Promotion to Professor?

To be included in the upcoming promotion cycle, all candidates for senior level promotion and/or the award of tenure in the School of Medicine must submit this form by **April 1, 2019** to Nicole M. Deming, Assistant Dean for Faculty Affairs and Human Resources nicole.deming@case.edu or Fax: 216/368-3013**.**

**Complete** promotion packets must be ***submitted*** *by the candidate’s Department* to the Office of Faculty Affairs before **May 1, 2019**.

1. Promotion Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credentials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Candidate Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Department Administrative Contact regarding promotion materials (Name/Title/Phone/Email):\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Candidate’s Current Academic Rank: (Assistant Professor or Associate Professor)
2. Candidate’s Track: (Non Tenure Track, Tenure Track, Tenured)
3. Is the department/hospital supportive of the candidate for promotion? (Yes/No)
4. For Tenure Track Candidates only: Is the department nominating you for Award of Tenure? (Yes/No)
5. If Tenured/Tenure-Track or Research-focused Non-Tenure Track: Do you identify as a team scientist? (Yes/No)
6. If on the Non-Tenure Track: What is your Primary Area of Excellence? (Teaching, Clinical Service, or Research)
7. If on the Non-Tenure Track: What additional area(s) have you made acceptable contributions in? (Teaching, Clinical Service, or Research)

Please read each statement and sign below acknowledging your understanding and agreement of the promotion process requirements of the SOM at CWRU.

* My CV is current, dated, and formatted according to the School of Medicine template;
* If there are significant accomplishments to add, I will email updated CVs to Faculty Affairs throughout the review cycle and name the file “Updated CV\_Candidate Name\_Date”;
* The submitted Teaching Evaluations do not include any other faculty members’ evaluations;
* All external referees submitted meet the definition of an “arm’s length” reviewer;
* All referees have been selected according to instructions and I indicate which referees I selected;
* I will not communicate directly with any of my referees regarding the promotion/tenure process; and
* I understand that all updates regarding my promotion will be communicated to me by my Department Chair and they are responsible for providing timely updates to me.
* Final decisions regarding promotions will not be made until June 2019 and will be effective until July 1, 2019.

Promotion Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Promotion Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_